

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
						52					
						53					
						54					
						55					
						56					
						57					
						58					
						59					
						60					
						61					
						62					
						63					
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						90					
						91					
						92					
						93					
						94					
						95					
						96					
						97					
						98					
						99					
						100					
TOTAL IND.	3					TOTAL IND.					
TOTAL DEP.	12					TOTAL DEP.					
TOTAL CLAIMS	15					TOTAL CLAIMS					